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By Thomas Beaumont

Sen. Charles Grassley made headlines this week when he criticized parts of a U.S. House bill that would pay for counseling for older Americans' final years, but in 2003, he supported legislation that included Medicare reimbursement for some end-of-life services.

Aides to the Iowa Republican noted several differences between the 2003 Medicare prescription drug bill's provisions for end-of-life counseling and those in the health care bill now before the House.

The 2003 Medicare bill provided reimbursement for services only to patients diagnosed as terminally ill.

Under H.R. 3200, a health care bill now pending in the House, all seniors would be eligible for occasional Medicare-reimbursed counseling services. The voluntary services could be provided by any physician.

Democrats criticized Grassley on Friday in light of his statements Wednesday in Iowa suggesting that Congress should not be encouraging doctors to counsel the elderly on advanced treatment in their later years.

"There is some fear because in the House bill, there is counseling for end of life. And from that standpoint, you have every right to fear," Grassley told an audience in Winterset.

The issue comes as crowds focused on health care greet members of Congress holding public meetings this week in their districts during the August recess.

Grassley is at the center of the health care debate as the ranking Republican on the Senate Finance Committee. He's working with a small bipartisan group to reach consensus on the thorny issue.

In 2003, Grassley was chairman of the Finance Committee and architect of the bill that added the prescription drug benefit to Medicare. The provision that included counseling about end-of-life care did not originate in the Finance Committee. It was added in a House and Senate conference before passage.

The provision was limited to patients whose doctors had estimated they had no more than six months to live. It included services such as hospice counseling and advanced medical alternatives to hospice care.

U.S. Rep. Bruce Braley, a Waterloo Democrat, said Grassley's vote in favor of the 2003 legislation was inconsistent with his statements in Winterset on Wednesday.

"It's doublespeak like this that makes people cynical about Washington politicians," Braley said. "Senator Grassley needs to stop the fear tactics and stick to the facts about health care reform."

As part of a system of incentives to provide quality care, the pending House bill also would eventually provide doctors with a bonus payment if they approach their patients about planning their medical treatment for their last years.

Grassley has said it is a good idea for Americans to plan in advance for their health care for their later years.

Mark Hayes, Grassley's health care policy adviser, said, "I think it's a little bit different to be telling the physicians they need to be talking to their patients about it, and for the government to say we're going to include it in a quality program that is down the road going to reward you."

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San Francisco Examiner

Grassley, health care and 'quality bonus payments'

By Byron York

Sen. Charles Grassley, who is one of just three Republicans negotiating some sort of health care compromise in the Senate Finance Committee, is drawing fire back home in Iowa for statements expressing concern about the end-of-life provisions that the Finance Committee has now dropped from its version of the bill. Yesterday Iowa Democratic Rep. Bruce Braley accused Grassley of "doublespeak" for "continu[ing] to repeat the ridiculous claim that paying doctors to discuss end-of-life care with their patients is somehow 'pulling the plug on grandma,' yet in 2003 he voted for a bill with a nearly identical provision allowing Medicare to reimburse doctors for end-of-life care consultations."

Braley was referring to the 2003 Medicare Modernization Act, co-sponsored by Grassley, which Braley claims contains language just like the end-of-life provisions that Grassley now objects to. But Grassley says Braley has it all wrong. "I'm shocked that Congressman Braley would attack a fellow Iowan before getting all the facts," Grassley said late Friday:

His statements over the past two days have been riddled with misinformation about what was said in my town meetings, and now he's taking my vote in 2003 completely out of context. If Congressman Braley had actually listened to what I've said on this subject, he'd know that my support for the provisions in the Medicare Modernization Act (MMA) are in line with my long-held view that advanced care planning is a good thing for families to do. The MMA offers terminally ill patients a pain and care management evaluation and counseling about hospice care and other options. And it offers optional advice from a specialized hospice physician on advanced care planning. One could be assured that the provision of advice on advanced care planning in this context can be done in a correct manner and by an appropriate provider.

I can't say the same thing about what would happen under the provisions in the Pelosi bill. Under the Pelosi bill, all physicians risk losing quality bonus payments unless they report on

whether they provide advanced care planning and adherence to that plan. Congressman Braley also misses the larger point when he fails to realize that the concerns about the advanced planning provisions in the Pelosi bill are made because they are proposed in the context of a bill that is ostensibly working to save money by spending less on health care in health care reform, and in a bill that creates a government-run plan that will surely lead to rationing of health care just like has happened in other countries that have government-run systems. It's plain to see why Iowans and others are legitimately concerned about the unintended consequences of the House bill.

Grassley's point that doctors "risk losing quality bonus payments unless they report on whether they provide advanced care planning and adherence to that plan" will be an emerging argument in the health care debate.